

true sentimentalist, however, does not weigh evidence, nor search for facts. The opportunity to say something was eagerly seized upon, and *Life* was silly enough to print without investigation. But what can we expect of a man who writes "Pasteur serum"?

As far as the rest of the article is concerned "it is to laugh." We have been bitten by hundreds of mosquitoes and have never had malaria; and (we blush to relate) have had bloody encounters with several fleas without contracting the plague. We have also been bitten by a dog and viewed the bite without apprehension, but that was before some kindfaced tourist from the East dumped a rabid dog into Southern California. At present we are bound to confess that, even if the dog assured us that he had brushed his teeth before biting us, we would hastily pour nitric acid on the bite, and "beat it" for the Pasteur Institute.

J. N. F.

SCHOOL OF HYGIENE AND SANITATION.

There exists at present no school of hygiene and sanitation on the Pacific Coast, a lack which we have every reason to believe will soon be supplied by the establishment of such a school in the University of California. The tardiness of the west in recognizing so important a field relating to the health of the public and in organizing an institution for the training of specialists in these lines, is more apparent than real, for the courses in public health given at the University are remarkably comprehensive. Indeed, these courses, which are described in a circular accessible to all who are interested, are so numerous and varied that the subjects making up a curriculum in public health are already quite completely covered. Comparing the number and variety of the courses offered with those in similar departments of eastern universities, we find that the University of California is in no particular behind them, and in some instances has more adequate facilities for instruction. At the present time the university provides instruction in hygiene for three classes of students. First: Students desiring to be taught the elementary principles of health conservation, both individual and public. Second: Students of vocations not directly associated with the conservation of public health, but who would be brought in close relation with some of its aspects. Third: Students desiring a provisional training as bacteriologists, health visitors, sanitary inspectors, or health officers.

For example: from two to five half-year courses are given under each of the following subdivisions: Communicable Diseases; Child Hygiene and Eugenics; Sanitary Engineering; Vital Statistics and Social Economics; Industrial Hygiene; Public Health Laboratory; Sanitary Inspection, and Public Health Administration. The above instruction is given in eleven different departments in the University.

Official recognition of this work as it is now done, executive authorization, and provision for a proper certificate or degree for students finishing

the outlined courses, are really all that is necessary for transforming what is now a curriculum into a veritable school of hygiene and sanitation at the university.

VERY IMPORTANT TO YOU!

Two very important and far reaching economic conditions have their beginning this year of 1914. One is the new income tax law and the other is the state "Workmen's Compensation, Insurance and Safety Act," which goes into effect January 1st. In regard to the income tax, every physician should carefully study his own income and more particularly his own expenses. Under the law, expenses necessary for the conduct of one's occupation may be deducted from the gross income; no small part of a physician's expenses are those required by the nature of his occupation and as such are not to be included in his taxable income. The *Journal* of the A. M. A., in a recent issue, had an excellent editorial on this subject and particularly emphasized the fact that the law will have one good effect upon physicians, at least, for it will force them to be more accurate in the matter of their accounts. It is probably true that a good many doctors do not know either the exact amount of their earnings or the amount they spend as a legitimate cost of doing business. In the smaller towns the office is often in the home; some portion of the rent should be allowed. Some portion or all of the telephone charges, cost of running an automobile, etc., should certainly be charged off as well as books, journals, drugs and supplies, etc., and of course all unpaid accounts. This matter should be given careful thought and accurate accounts should be kept. Care in business methods will secure an increase in the income of any physician and the income tax law will undoubtedly force a more careful and systematic method of keeping the physician's accounts.

"SQUEEZE THE DOCTOR" AGAIN!

When commercialism comes into contact with professionalism, it almost invariably wins out. Heretofore we have had to fight commercialism in the shape of contract practice as organized by private enterprise and conducted more or less on the retail plan. With the coming of the "Workmen's Compensation, Insurance and Safety Act," however, we are confronted by commercialism on a wholesale scale and contract practice extended to the limit. The law is very complex and far reaching and it will take some time to find out exactly what it really means in many ways and just how it is going to work out. Some few essential points are pretty clear, however. All employees, except a few classes, must be cared for by the employer in the event of injury by accident and the salary must be paid during forced absence from work. Of course, a considerable number of insurance companies will be in the field to write policies insuring the employer against loss; the employer will pay a certain fee to the company and in the event that any employe is injured or killed, the insurance

company will pay what is required and not the employer. Part of the act makes the state, or its commission, into an insurance company for the purpose of writing this form of insurance, and as the rates of premiums, etc., will probably be about the same with all the companies and the state, it is not necessary to separate the state from the companies in discussing the matter.

The physician is directly interested in this proposition because these accident cases will have to be treated by a physician and he will be paid by an insurance company. Insurance companies are notorious for the small fees they pay for the work they require, and are we to assume that they are going to be any more liberal to the physician under these new conditions than formerly? Hardly. Already they have formulated tentative schedules of fees to be paid and it is a question whether any competent man would do the work for the meager reward offered. This question is of the greatest importance to all of our members and should be taken up at once by every county society in the state. The work is just starting and the time to adjust the matter of fees is right now, at the beginning, and not after it has gone along for some time and a cheap fee schedule has been saddled upon us. The argument is made, and must be considered, that whereas the fees allowed are not up to those generally charged, still the doctor is *always* paid and not just sometimes paid, as when he deals with a patient direct. But is that enough of an argument to satisfy a fee of say \$12.50 for setting a fracture of the arm or leg and a fee of \$1.00 per visit for subsequently treating that fracture? These are about the fees which will be offered, at least for the time being.

Fees will be low because the insurance companies, in order to get the business from the employer, will charge as low a premium as they possibly can—and squeeze the money out of the physicians who will have to do the actual work. It certainly looks very much as though it were going to be the same old insurance game of making the doctor pay the profits instead of making the business man who takes out the insurance pay the doctor what he is justly entitled to and pay the insurance company its profit. The only place where the squeeze can come is in the fees paid out, and we can be mighty sure that the companies will not pay physicians a single dollar more than they are compelled to; at least, they never have!

Another menace is the diverting of patients. Already the companies are getting together staffs of physicians who are to handle all the work for their respective companies. A man is injured at his work and instead of going to his regular physician or to one he might have a preference for, he is sent to the company's contract doctor. How is this going to work out? And do not forget that the state itself is in this game and is going to run the insurance companies pretty hard, therefore making it a competition to keep expenses down—and squeeze the doctor! On the other hand it is being urged that it is the commercial necessity of the insurance company to get the injured person well as soon as possible and therefore they must have thoroughly

competent medical men doing their work. Will it be found that men who are able to give the best of surgical service will do so for the small fees offered?

To allow this new form of contract work to get beyond our control would be a disaster indeed, and unless the physicians in our various county units take the question up at once, it is very probable that in a year or two they will find it thoroughly saddled upon them and with a fixed scale of fees that will be ridiculously low. It was a long, hard fight to get many of the insurance companies to pay a minimum fee of \$5.00 for a life insurance examination. The accident companies have been following a schedule of very small fees for a long time, but the amount of the work has not been very great. Now, however, the work becomes considerable; it is estimated that some 2000 accidents a month will come under this act and a very large percentage of that number will be handled by the insurance companies.

Are we going to calmly accept what some one else is willing to offer or are we going to have a voice in fixing the amount of the fees that shall be paid to us for our services? That is the question, and the sooner we begin to discuss it seriously the better off we shall be in the long run. The actual fee schedule has not been finally determined by the insurance companies and it cannot be fixed for some few months, for it is not known how the act will work out nor how little physicians can be paid; but rest assured of one thing—the physician will be paid the smallest fee that the insurance companies can get him to accept! If all the members of the various county units will stand together in this matter, it is certain that satisfactory fees will be paid and that the financial burden will be placed where it belongs—on the business man employer, and not where *the attempt will certainly be made wrongfully to place it*—on the physician.

LOOK OUT FOR THIS MAN.

A young Greek of sallow complexion, with deep-set very black eyes and very dark curly hair, about 5ft. 5 in. in stature, and of somewhat of a hang-dog look on his face is making visits to offices of doctors under the plea of being ill. On one occasion he has complained of appendicitis, on another of having syphilis and of having taken treatment for the latter. After getting the doctor interested in his case, he states that he wishes an operation or a cure but has no money with him. He then, with a very innocent air, states that he has several hundred dollars in a safe deposit box in Sacramento, and if he could get railroad fare to get to Sacramento, he would bring the money next day.

To my definite knowledge, he has collected sums varying from \$3.00 to \$5.00 from four different physicians. The four are willing to be models if the rest of the profession does not suffer. A word to the wise.

Very truly yours,

WILLIAM C. VOORSANGER, M. D.